

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		3				
6		3				
7		3				
8		1				
9	1	1				
10		1				
11		2				
12		2				
13	1					
14		1				
15		2				
16	1					
17		1				
18		1				
19		1				
20		2				
21		2				
22		2				
23		4				
24		1				
25	1					
26		1				
27		1				
28		3				
29	1					
30		1				
31		2				
32						
33						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	43					
TOTAL CLAIMS	49					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						